

VENDOR OVERPAYMENT NOTICE

1. DATE
2. REPORTING UNIT OR ORG INDEX
3. VENDOR/PROVIDER NUMBER
4. SSPS SERVICE CODE SOURCE/REASON
5. SSPS AUTHORIZATION NUMBER
6. ACCOUNT CODING (NON SSPS OVERPAYMENT)
7. RECIPIENT NAME

We determined that you received an overpayment for goods or services from _____ to _____ in the amount of _____.

Because:

We must receive payment within 20 days of receipt of this notice. Send check or money order (include your provider number) to:

FINANCIAL SERVICES ADMINISTRATION
OFFICE OF FINANCIAL RECOVERY (OFR)
PO BOX 9501
OLYMPIA WA 98507-9501

If you need to make arrangement for repayment call:

(360) 664-5700
1-800-562-6114 (Toll Free)
1-800-452-2334 (Language Interpreter)
1-800-833-6388 (TTY-WA State Relay Service)

You may request a hearing if you disagree with this notice. Your written request must:

- State the reason this notice is incorrect.
- Be received by the Office of Financial Recovery (at the above address) within 28 days of service of this notice.
- Be sent by certified mail (return receipt).

We can collect an overpayment debt through lien, foreclosure, seizure, and sale against your real or personal property, order to withhold and deliver, or any other collection action available to us to satisfy the overpayment debt (RCW 43.20B.675).

We can charge you interest and any costs associated with the collection of this overpayment (RCW 43.20B.695).

8. WORKER'S SIGNATURE	9. WORKER'S NAME	10. WORKER'S TELEPHONE NUMBER
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11. Will you need an interpreter or other assistance or accommodation for the hearing? ☐ Yes ☐ No

If yes, for what language or what assistance?